WRITE PLAINLY, WITH UNFADING INK-THIS IS A

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

V. S. No. 1.

N. B.—Every Item o CAUSE OF I PLACE OF DEATH
County Washingt

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Village or City Hagantum

13922

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Cart An

[if death occurred in a hospital or institution, give its NAME instead of street and nomber.]

2FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X Acolor or race Single, Married, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /2 /8 ,1914 (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	/2 - /8 ,19/4 (Year)	that I last saw h alive on , 191 , 191 and that death occurred on the date stated above, at , m, The CAUSE OF DEATH* was as follows:
	CUPATION	Tremature
	Trade, profession, or its little state of the state of th	(3 mully)
(b) bush	General nature of industry, less, or establishment in h employed (or employer)	Hill-Birth (Duration) yrs mos ds.
9 811	State or country)	Gontributory Secondary (Duration), yrs mos ds
TS	10 NAME OF Edgar & Alfrent	(Signed) 9. M. Shiren, M. D. 12 - 19-1914 (Address) Hager two lead
AREN	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE AS TRUE TO THE BEST OF MY, KNOWLEDGE ADI	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted,
	ntormant Sacce Elyptic Fire Alber	Former or usual residence
16	(Address) Hagaston and	Hagerstown ned 12-19, 1914
File	12/19- 1914 Henry Davis REGISTRAR	6 E Abut Hamburnel



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pdeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Abaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURRAU, V.S. RECORD

PERMANENT

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V. S. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. PHYSICIANS Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I 50 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, OR RACE DATE OF DEATH WARRIED, WIDOWED. (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day....hrs OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, d OR RECENT RESIDENTS) 13 BIRTHPLACE At place 1 hover OF MOTHER (State or country EATH Where was disease contracted, 10 0 OF Every Item CAUSE OF Important. usual residence. PLACE OF-BURIAL OR REMOVAL DATE OF BURIAL (Address) -16 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

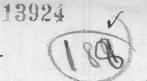
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

-Every item of information should be CAUSE OF DEATH in plain terms, so

N. B.

V. S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

Village or City	Hage	ration.	(No.330	Mell.	annun au	St.; Ward)
		1	1	12	1 + 1	

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH See _ 20th, 1914 (Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
AGE If LESS than	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Ludden Canse
business, or establishment in which employed (or employer)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds (Signed) (Address) (Address) (Address) (Signed) (Sig
OF MOTHER LANCE & Sence 1 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Lagerston 6 Filed 12/21, 1914 Holling Davis REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Land Hill Comments 20 UNDERTAKER ADDRESS A France of BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

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JAN 5 1915 BURHAU, V. G.

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PERMANENT NX UNFADING certificat WITH EATH in plain e instructions WRITE Item CAUSE OF Every

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

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a hospifal or Institution. give ifs NAME instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED, married WIDOWED. (Month) ORDIVORCEO Dav I HEREBY CERTIFY, That I attended deceased (Year) TAGE If LESS than and that death occurred on the date stated above, at. f day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE Hogerslaum OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In fhe OF MOTHER (State or country) of death _____ yrs. ____ State Where was disease confracted. KNOWLEDGE if nof at piece of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples:

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St. 3 Ward a hospital or institution, give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 906 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a t day.....hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRU KNOWLEDGE

15 REGISTRAR

OR RECENT F	FRESIDENCE (FO RESIDENTS)	or Ho	SPITALS, INS	TITUTIONS,	TRANSIE	ITS,
At place of death yr:	s mos	ds.	In the State	vrs.	mos	rle

Where was disease contracted. If not at place of death?

19 POACE OF	BURIAL	OR REM	OVAL
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1 was	N	AXX	

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usual residence

[Approved by U. S. Consus and American Public Health Association.]

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V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred la a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) _______mos.____ which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. mos. ... State yrs. _ Where was disease contracted, If not at place of death?..... Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manuger," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal definite synonym is "Epidemic cerebrospinal definite synonym is "Epidemic cerebrospinal definite"); Diphtheria (avoid dise of "Croup";) Typhoid fever (never report "Typhoid diseumonia"); Lobar meumonia; Bronchopueumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Ileart fallure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) "Contributory." deut; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Sendic," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



Very state PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTEN. classified. 4 S should UNFADING INK-THIS properly AGE supplied. be may certificate. carefully that It 20 of WITH See instructions on back piain terms. should PLAINLY. of information = DEATH WRITE CAUSE OF mportant.

13927 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word) DATE OF BIRTH 2 (Month) (Day 7 AGE BOCCUPATION (a) Trade, profession, or particular kind of work.

which employed (or employer) -----

TRUE TO THE

(b) General nature of Industry. business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

PARENTS

15

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

Registration Dist, No. a.

Ilf death occurred in

NAME ClizeLith 13	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the Word)	16 DATE OF DEATH Dee 2 VII , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day , 183) (Year)	that I last ssw h
3 yrs mos ds oR min.?	The CAUSE OF DEATH* was as follows:
Hone	General Rebility
stry, at in yer)	(Duration) yrs mos ds. Contributory desciling
John I Bower	(Signed) (Duration) yrs mos ds
nutry) Md	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENC CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
intry) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
Clizeteth King	Where was disease contracted, If not af place of death? Former or usual residence
11 Mans Maria	7 PLACE OF BURIAL OR REMOVAL Turkatoun Ald 20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR If more blanks are needed address State Process	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.
and the meeting, address State Regist	rar, o E. Frankin St., Baito., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm taborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitt; (a) Satesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Purreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeample: Meastes (disease causing death), 29 ds.; affection nccd not be stated unless important. vatvular heart discase; Chronic interstitiat nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicidc. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Broncholmenmonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For vio-



MARGIN RESERVED FOR BINDING

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD IS A PERMANENT AGE should be stated EXACTLY. carefully supplied. AGE should be sit that it may be properly classified. PLAINLY, WITH UNFADING INK-THIS DEATH in plain terms, so that it m See instructions on back of certificate. of information should be

CAUSE OF I

N. B.-

V. S. No. 1.

PLACE OF DEATH 13

13928



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

VIIIage or City Hagerstown (No. 132 Hest Church St.; 5 Ward)

[it death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]

FULL NAME Marris Brenner

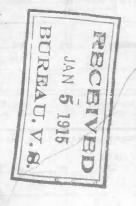
Р	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, OR DIVERCED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF	March 25, 1890 (Month) (Day (Year)	that I last saw have alive on 32 5 191 4
⁷ AGE	24 yrs 9 mos 10 ds. It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 330 Pm. The CAUSE OF DEATH* was as follows:
business, or	ofession, or a 2 d	acidret Browns & Typlomy of a year tout (Duration) yrs mos ds.
9 BIRTHPLA	r country) Russia	Contributory Secondary (Doration) yrs mos ds,
STATE OF STA	THPLACE FATHER PACE OF COUNTRY) QUISSIA DEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Accress) (B. D. (Accress) (B. D. (Accress) (B. D. (Accress) (Accress) (B. D. (Accress) (Accres
13 BIRT	THPLACE MOTHER ate or country) Russia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant)	Joseph Brenner	It not at place of death?————————————————————————————————————
15 Filed 22	15, 191 4 Henry Davis	Halfway, med Date of Burial Palfway, med Dec 6, 191 4 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Frankin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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MARQIN

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF I

N.B.

PLACE OF DEATH County Warling You

13929



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.4

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
17 I HEREBY CERTIFY, That I attended deceased from
that I last saw how allve on the 3, 1918
and that death occurred on the date stated above, at
Oelenn Grane 7 ds. 7 ds.
Contributory Ceute Collection of Secondary (Buration) yrs most ds.
*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJULY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the State Yrs, mos, ds Where was disease contracted, If not at place of death?
Former or usual residence.
ELLUN NO DATE OF SURIAL Sec 3nd 191 ADDRESS HAWKINGH

[Approved by U. S. Census and American Public Health Association.]

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state Very

lif death occurred in

(Year)

a hospital or institution,

give Its NAME Instead of street and number.]

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ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

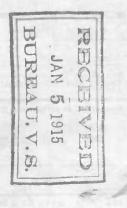
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD 4 UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

ounty Place of DEATH 1393 S County Pashington Village or City Williams Prof- 2FULL NAME Charles Wil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 [If death occurred to a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on , 191 , 191
TAGE If LESS than 1 day,hrs. ORmin.? **BOCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)	(7 nsouths (Quration) yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Secondary (Ouration) yrs mos. ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) C. La Rickard acta Core, H. S. *State the Disease Causing Death, St., in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death? Former or
(Informant) Address) Drilliansful Ma 15 Filed Olc. 26, 1914 C. E. Rickard	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF LICENSTAND MARKET 20 UNDERTAKER ADDRESS

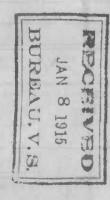
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care should be taken to report specifically the occupations tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer. Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons returu "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

rateular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origiu; "Can mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeultal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of iujnry, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.: (secondary or intercurrent) State cause for



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DATE OF BIRTH

1 PLACE OF DEATH

13932

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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PERSONAL AND STATISTICAL PARTICULARS

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5 SINGLE. MARRIED. WIDOWED MIL

	MEDIC	AL CERTIFICATE	OF DEATH	
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4 COLOR OR RACE

of death _____ yrs. ___ mos. _ State _____ yrs, ___ ds. Where was diseese contracted. if not at piece of death?-

A1 plece

Former or

usual residence.

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ordiverse word) (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? mos. BOCCUPATION (a) Trade, protession, or (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death State yrs. mos. .. Where was disease contracted. BEST-OF MY KNOWLEDGE It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all quesclons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BUREAU, V. S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED Marve (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DOC DATE OF BIRTH that I last saw harmalive on Q (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at t dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) Muz. yrs which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE, (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ ds. State yrs. __ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death? Former or usuat residence. DATE OF BURIAL 15 20 UNDER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin So Palto., Requesting V. S. No. A

[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Requesting V. S. No. 1.

Ilf death occurred in

a hospital or institution. give its NAME lostead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Year) I HEREBY CERTIFY. That I attended deceased from (Year) If LESS than and that death occurred on the date stated above, a 1 day, hrs. OR 7 (Duration) Contributory Secondary Signe *State the DISEASE CAUSING DEATH, Of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS Af place In the of death _____ yrs. ___ mos. _ State . _ ds. Where was disease contracted. KNOWLEDGE If not at piace of death? Former or usuai residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito.,

[Approved by U. S. Census and American Public Health Association.]

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S. No. 1.

Exact statement PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms. s. DEATH in plain terms, important, N. B.

PHYSICIANS should state of OCCUPATION is very of certificate. See Instructions on back

PLACE OF DEATH Village or City Beauty Cree



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 305

St: Ward)

[If death occurred in

	FULL NAME ELgor Leroy	give lis NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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6 p	ATE OF BIRTH Lee 26'', 1914 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, profession, or ricular kind of work	Hell bone infant
bus) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs. mos ds.
9 B	(State or country) Monyloud.	Secondary (Burelland
	10 NAME OF FATHER Iva Braper -	(Signed) Journal Market
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Moryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentally Houseports.
PAR	12 MAIDEN NAME Mollie Houfst	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14	OF MOTHER (State or country) Morford.	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) Was Nowledge	If not at place of death?
	(Address) Beaut level md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	edel 26 1844 GaM Stort AD. REGISTRAR	20 UNDERTAKER We Cliffy the Hor Dear Son KM

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Pueaperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



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7. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

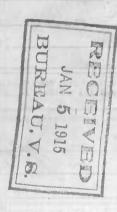
County Mashington 13937	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30 2
* FULL NAME Silliam & X	Cuncau [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, Wilsowed, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH July (Month) (Day) (Year)	that I last saw her alive on Dec 13 , 1914,
7 AGE 1 LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at John m. The CAUSE OF DEATH* was at follows:
(a) Trade, protession, or particular kind et work (b) General nature et industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Fairfay Co. Na. 10 NAME OF FATHER Januar Leineau.	Contributory Nephroles (Secondary) (Signed) Contributory Nephroles (Superion) (Ouration) (Ouration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Mass 9 Mc Daniels	*State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Mary & Medaniels 13 BIRTHPLACE OF MOTHER (State or country) Tainfax bo Va 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Mass Lewis Juneques)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place et death? Former or
125 (Address) Common an Haguston ma	19 PLACE OF BURIAL OR BEMOVEL DATE OF BURIAL NISMA Va BOURS 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Begistra	S. Keller Gowman Hagustourter, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekcepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PURRPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 4 Ilt death occurred in St.:---Ward) a hospital or institution give Its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, widowed, // Wilcomed (Write the word) (Month) (Dav I HEREBY CERTIFY, That I attended deceased from (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at // 35a - m. 1 dayhrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER : 1914/. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. State _____ yrs ___ mos Where was disease contracted. It not at place of death? Former or usual residence ACE OF BURIAL OR REMOVAL 15 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of



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See Instructions

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[Approved by U. S. Census and American Public Health Association.]

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway rain—accimia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal affection need not be stated unless important, ample: Measles (disease causing death), 2 nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, telanus) may be stated under the head of "Contributory." (Recommendations on Statement of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF & pro LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken, For viocause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmla," "Weginess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" (Congenital," "Senile," etc.), "Dropsy," "Exhaustion" mere symptoms or terminal conditions, suc Bronchopncumonia (secondary), 10 ds. Never eport valvular heart disease; Chronic interstitial neghritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) ture of the scptichaeas "As-Ex-



V. S. No. 1.

N. B.—Every item of information should be carcfully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH

County Mashington

VIIIage or City Simple Statistical PAR

PERSONAL AND STATISTICAL PAR

PERSONAL AND STATISTICAL PAR

MARRING

Whole

DATE OF BIRTH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

	FULL NAME Solomon tone	Coles of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
35	ale White Singly, MARRIED, MIDOWED, MODIFICE OR RACE MIDOWED, MIDOWED,	16 DATE OF DEATH XEL /5 7 , 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH Arel (Month) (Day (Year)	17 I HEREBY CERTIFY, That I sttended deceased from \$200 - 174, 1912, to \$200 0 744, 1914, that I last saw h. Land alive on \$200 9 774, 1914.
7 A		and that death occurred on the date stated above, at
(2	CCUPATION 1) Trade, profession, or Labored 1rificular kind of work	baloular Fisace H sut
bu) General nature of Industry, siness, or establishment in ich employed (or employer)	(Duration) 2 yrs 0 mos 0 ds.
9 B	(State or country) (mary Panel)	Contributory Secondary
	10 NAME OF Solomon marel det	(Signed) (U. C. Cu C. C. M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARI	of Mother Charlets higher	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death
(Intermant) Mrs. Notom ou faulder		Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Goaver Coreely Mice	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fl	led Dec 12 1914 Geo M. Stoon & BEGISTEAR	20 UNDERTAKER ZA ADDRESS
		trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probabiy LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary); 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

1 PLACE OF DEATH 13942	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH Registration Dist. No. 302
VIIIage or City Baggers Town (No 108 Colored Fr	Edutoriam st.; 3 Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED MATTLES ORDIVORCE (Write the Word)	16 DATE OF DEATH /2, 1914 (Mouth) (Day (Year)
© DATE OF BIRTH Auly 10", 1857, (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 200. 26, 1914, to here, 1914, 1914, that I last saw how slive on week.
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 A m. The CAUSE OF BEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Uraemi e Cenonesius
business, or establishment in which employed (or amployer) BIRTHPLACE (State or country.)	Contributory Sights Wisease Secondary
10 NAME OF FATHER WW Beury Frigley 11 BIRTHPLACE OF FATHER 11 PIRTHPLACE OF FATHER	(Signed) T. M. Vichiser M. D. 12 — 1, 1914 (Addrass) Hagartern Mol
11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Leveraly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Interment) IN THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?————————————————————————————————————
16 Filed 12/3-, 191 4 Henry Davis	Dentery Date of Burial 20 UNDERTAKER ADDRESS ADDRESS
If more bianks are needed, nddress State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meminges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mangoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accigenital," The contributory (secondary or intercurrent) "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of Ex-



No. 02

OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. 4 IS THIS properly AGE INK supplied. pe UNFADING may certificate. carefully 10 WITH on back terms, should PLAINLY plain See instructions information E of inform DEATH WRITE OF item Important. Every ite 0 z

8 OCCUPATION (a) Trade, protession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

ARENTS

15

(b) General nature of industry,

business, or establishment in

which employed (or employer)

PLACE OF DEATH 13943 County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 300
Village or City Sharpsburg (No	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4 COLOR OR RACE MARRIED, MANNIED OR DIVORCED (Write the word)	16 DATE OF DEATH /2 28 ,1914 (Month) (Day (Year)
B DATE OF BIRTH April 21, 1867. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased fro 12/10, 1914, to /2/27, 1914 that I last ssw harm, alive on /2/27, 1914
7 AGE If LESS than t day,hrs. ORmin.?	and that desth occurred on the date stated above, at about 100. The CAUSE OF DEATH* was as follows:

d deceased from about 10 Q.m. Surport mans (Duration) Whistopis and ma minerary Clareca Contributory Secondary , 191 4 (Address) & he can *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death _____ yrs. ____ mos. State yrs, ds. Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

, 1914

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin Sp Balto., Requesting V. S. No. 1,

20 UNDERTAKER

KNOWLEDGE

Chas N. Hoffmaster

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Causuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion,"



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

of information should be carefully supplied.

* DEATH in plain terms, so that it may be see instructions on back of certificate.

CAUSE OF DEATH in plain terms. s.

N.B.

Important.

V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or	City Hagss	stown

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

14.n.

Kenneth Ray Fre

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH Dec, 18 - , 1914 (Mouth) (Day (Year)
Soft 7 1974	that I last saw how alive on Dec 17
7 AGE (Month) (Day (Year) 1 LESS than 1 day hrs. 0 R min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry,	- Surantin - Inshiling. To Selact proper
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) along F. S. Hegastown 10 NAME OF	Contributory Secondary
10 NAME OF FATHER Grosge a Fisse 11 BIRTHPLACE OF FATHER (State or country) Wash lev Pa 12 MAIDEN NAME OF OF MOTHER OF OF MOTHER	(Signed) (Ouration) yrs mos ds. (Signed) , M. D. /2/19 , 191 % (Address) Had so from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Hosh Pa.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Interment) Groups a Dose (Interment) Groups a Dose 73 Photos Side are Hayerston Pace	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 12-21-, 191 4 Houng Davis	Ross Hill Haguston Des 20, 1914 20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cuted thus: CAUSINO DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Parmer (retired 6 yrs.) For persons As examples: But in many (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL scptichae-Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	13945		
	1 PLACE OF DEATH	STATE OF MA	RYLAND
Co	Jash motor	CERTIFICATE O	F DEATH D
Co	anty.	Registration Dis	st. No. 302
Vii	lage of City Lagustown (No 8/1/	Marrior Ons 5	[if death occurred in
• • • •	(10.	Ward)	a hospifal or Institution,
	2 FULL NAME Josephine R. 9	assman	of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 51	male white Single, Married, Wildows or Orbivorce, Write the word)	16 DATE OF DEATH DEC.	27, 1914 (Day (Year)
1		17 I HEREBY GERTIFY, That	
V D	ATE OF BIRTH	(Uch 23 1907, to DE	c 27 1914,
	(Monta) (Day (Year)	that I last saw her alivs on	DEC 27 1914
7 A		and that death occurred on the date stated	above at 8 Pm.
	4 dayhrs. or	The CAUSE OF DEATH* was as follows:	
80	CCUPATION //	(Greating folder)	
(1)	Trade, profession, or House suite		
	General nature of industry.	oralyon ade	tous
business, or establishment in which employed (or employer)		(Duration)	Syrs _ mos _ ds.
		Contributory	
	RTHPLACE (State or country)	Secondary	
	10 NAME OF	2 00-1	yrs mos ds.
	FATHER Tarnel Main	(Signed) Daniel C. Zera	Heus, M. D.
TS	11 BIRTHPLACE OF FATHER	52077, 191 X (Address) 705as	stown lud
AREN	(State or country) Don't know	*State the DISEASE CAUSING DEATH, or	in deaths from VIOLENT
PAR	12 MAIDEN NAME Halinda Horine	CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the	yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted,	Jiv 1106, US
(Informant) Ary & a Watkerins		If not at place of death?	
(The state of the s	usual residence	
	(Address). Lagerstown Atta	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	12/25 21	Plone Bell	, 19f
Filed /28, 1914 Holling Haves		20 UNDERTAKER	ADDRESS
	REGISTRAR	latterio Munch	Hag that
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S	. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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OCCUPATION RECORD PERMANENT proper pe liddus UNFADING WITH pinou <u>a</u> EATH WRITE 0 0 OF

certificate

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back

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Instructions

See

mportant. M

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Every

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City hear Donnsville Ilt death occurred in ...Ward) a hospital or Institution, give its NAME Instead ot street and number.] ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, nary WIDOWED, (Month) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death State

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

Where was disease contracted.	
If not at place of doubt?	
If not at place of death?	
Former or	
tornici di	
nough regidence	

9	PLACE	OF	BURIAL	OR	REMOVAL	D
)			A.		1 m	15

ATE OF BURIAL

(Year)

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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PLACE OF DEATH / 12047 STATE OF MARYLAND

county Washington	CERTIFICATE OF DEATH Registration Dist. No. 304
VIIIage or City Courocs 6, (No. 18)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Colored Single, Surgle. Male. Colored Widower, Surgle. With the word)	(Month) (Day (Year)
500, 14, 1913 (Month) (Day (Year)	that I last sew have alive on Dec 17 1914
7 AGE 1 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9.15 P. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Caused by Chronic Juveraulas Condition of the mother
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Ouration)
10 NAME OF GALVARD GRAVES 11 BIRTHPLACE OF FATHER DE STATES	(Signed) J. H. (Address) Jamesch, Md, M. D
11 BIRTHPLACE OF FATHER (State or country) Dash Co Md. 12 MAIDEN NAME OF MOTHER Josa Lorina Johnson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Wash to Mad.	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) Lorge Colward Graves	If not at place of death? Former or usual residence.
15 Filed 1 421 1914 JA Sellins	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5 USCOTIA CENSETY Mancock Hed 12/22, 1914 20 UNDERTAKER ADDRESS
Filed 797 , 191 REGISTRAR	M JEur Cuis Ton Haucoci En

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specfadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. (Recommendations on statement of may be stated under the head Ex-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 205
Village or City Booksborrer (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Markers, June Computer of the word) 6 DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDORIAN, MIDORIAN	16 DATE OF DEATH See 99 1914 (Month) (Day (Year) 17 I hereby Certify, That I attended decreased from
(Month) (Day (Year)	that I last saw h. 21 silve on Sie 28 11, 191 4
7 AGE if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Career of Novach,
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CITY Arenawalt	(Signed) (Dubel Pole M. D. A. S. M. D. Ace 36', 191 4 (Address) Boow loss . Red.
11 BIRTHPLACE OF FATHER (State or country) Marylance 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) and dremawalt	If not at-place of death? Former or usual residence.
(Address) Sometime Given St.	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman, Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid Inneumonia," unqualified, is iudefiuite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head dent; Révolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of



S. No. 1.

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Gounty Haalungton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hageistam (No. 13el	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 S.4.5. (Year) 7 AGE If LESS than f day, hrs. OR min.?	that I last saw hampalive on Dec 4, 1914, and that death occurred on the date stated above, at 9 and The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Performance (State or country)	(Duration) yrs mos 7 ds. Contributory Efilepsy Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Seibert	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Hogeratom Ald	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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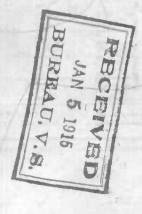


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearrlage as "Iverperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Coliapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) "Coutributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. genital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustlon,"



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Instructions

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PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. lif death occurred in St:Ward) (No. a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that desth occurred on the date atated above, at 1 day,hrs. The CAUSE OF DEATH * was sa follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry. business, or establishment in (Duration) which emplayed (or emplayer) ... Contributory..... BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE LZ OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) yrs. mos. ds. State yrs. ____ Where was disease contracted. OF MY KNOWLEDGE TRUE TO THE BEST If not at place of death?... Former or (Informant). usuai residence. OF BURIAL OR REMOVAL (Address) If more blanks are needed, address State Begistrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question ness. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the been changed or given up on account of the disease Scrvant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (4)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

valvular heart disease; Chronic interstitial nephritis. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory may be stated under the head (Recommendations on statement or (secondary or intercurrent) "Dropsy," "Exhaustion," etc. (name origin; "Can-State cause for Never report Examples: 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKEAU, V.S.

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13951 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Village or City.Ward) a hospital or institution, give its NAME Instead of street and number.] ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. BIRTHPLACE Secondary (State or country) 1D NAME OF FATHER-11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. ___ Where was disease contracted, 14 THE ABOVE IS TRUE TO MY KNOWLEDGE It not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the especially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Saleşman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. genital," "Senile,", etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never repor

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 2 1915 BURLAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

N. B.

Co	unty Washington	CERTIFICATE OF DEATH Registration Dist. No. 302
Vill	2FULL NAME Lanenia & No. 5-3, C	E Frankli St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	errale white Single, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SECENSIVEY 1/24, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 0	(Month) (Day (Year)	Dee 3, 1914 to DE 11, 1914 that I last saw h 22 alive on DEC 1, 1914
7.AC	A CONTRACTOR OF THE CONTRACTOR	and that death occurred on the date stated above, at 7,35 km, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)		Choplex of (Duration) yrs. mos. / ds.
9 BI	RTHPLACE (State or country) Mol	Secondary Lyleriol Selenosis Secondary (Burtion) 3 yrs mos os.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 Auger 13 BIRTHPLACE OF FATHER (State or country)	(Signed) , M. O. *State the Disease Causing Death, M. in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAR	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
	(Informant) Haglistown Md	Where was disease contracted, It not at place of death? Former or usual residence
16 Fil	ed 12-12-, 1914 Houry Davis REGISTRAR	PLUSE Will 7/4, 1914 20 UNDERTAKER Watherns & Minned Hory Md
	V II more branks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

19059

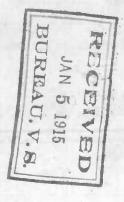
PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," magnalified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; For vio-



CERTIFICATE OF DEATH should ion is OCCUPATION Registration Dist. No. PHYSICIANS Ilf death occurred la a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 191 WIDOWED, WCO BINDING (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from that I last saw h stee slive on Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OF. OR ? Tudo Car di Li BOCCUPATION (a) Trade, profession, or ESERVED particular kind of work. suppiled (b) General nature of industry. UNFADING business, or establishment in 11 N (Duration) mos which employed (or employer) certificate. 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 10 ARGIN ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ DEATH State _____ yrs, ____ mos. __ WRITE Where was disease contracted. See If not at place of death?-0 Former or PO usual residence. Important. Every DATE OF BURIAL 15 29 UNDERTAKER ADDRESS m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

"Contributory." oma, Sarcoma, etc., of (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte,, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) Measles (disease eausing death), 29 "Senfile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Exof



S. No. 1.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 300

[If death occurred in a hospital or Institution,

	FULL NAME 6 dulars	Thon	nas Hell of street and number.]
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
351	rale 4 COLOR OR RACE 6 SINGLE, MARRIEO, M WIDOWED, ORDIVORCEO (Write the w		16 DATE OF DEATH Dec. (Day (Year)
Montar (Day (Year)			that I last saw have slive on Dec. 9, 1914.
7 A		If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
(a)	CCUPATION) Trade, profession, or Porad	***************************************	Vienplegen
(b) General nature of Industry, business, or establishment in which employed (or employer) Parthelace (State or country) Maryland Parther Of Manyland Maryland M			(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals.
۵.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease confracted, If not at place of death? Former or usual residence.
15 FII	(Address) Sharpsburg	REGISTRAR TOSS STATE ROSE	Sharpsburg Md Date of Burial 20 UNDERTAKER Well Lef Williamshut Ma Strat. G. E. Franklin St. Traito Requesting V. S. No. 1.
	If more blanks are needed, add	ess State Regis	strar, 6 E. Franklin St. Falto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. uess. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease cansing death), 29 ds.;



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1 PLACE OF DEATH County Trans



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

StWard)

If death occurred in a hospital or institution, give its NAME instead of street and number. 1

	2 FULL NAME John M. Thens	1011
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Vela Hute (Write the word)	16 DATE OF DEATH /2" /3" ,1914 (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from June 1914, to Dece 13 15, 1914, that I last saw h in alive on the 1914, 1914.
7 A	11 2200 (1141)	and that death occurred on the date stated above, at Albush & Pm.
(a	Trade, protession, or ricular kind of work	The CAUSE OF DEATH* was as follows:
(b)	O General nature of Industry, ilness, or establishment in ich employed (or employer)	(Ouration) yrs mos ds
9 B	(State or country) Marilland	Secondary (Duration) yrs mos ds
PARENTS	10 NAME OF Lev. C. Henson	(Signed) U. Howell Exardinary, M. D.
	11 BIRTHPLACE OF FATHER (State or country) Marefland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Marelland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds
	(Informant) Jerge K Henson	Where was disease contracted, If not at place of death? Former or Usual residence.
16	(Address) William short and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May an Consideral Sec. 16 1914
FI	ed Doc 13/1914 1.M. Ruchard	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; been changed or given up on account of the disease it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind, of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (1)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentessis of lungs, meninges, peritonaeum, etc., Carcinetassis of lungs, meninges, peritonaeum,

oma, Sarcoma, etc., of..... ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearringe as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Idanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds. (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name orlgin; "Can-State cause for Never report



OCCUPATION RECORD PERMANENT classified. properl INK UNFADING certificate. 80 jo terms. plain See Instructions EATH Jo ā Item 1 Every It

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 45. a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the work) (Day DATE OF BIRTH that I last saw h So alive on December (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at L. Quin, 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or countr of death yrs. __ mos. ds. State _____ yrs. ____ mos. Where was disease contracted, If not at place of death?. Former or usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECORD O statement PERMANENT EXACTLY. stated classified. pe pinoda THIS properly AGE INK carefully supplied. be UNFADING may that it pe terms, pinous DEATH in plain Information 50 OF CAUSE

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PLACE OF DEATH Very OCCUPATION IS PHYSICIANS should PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OPDIVOACED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year 7 AGE If LESS II OR min. 6 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back 11 BIRTHPLACE PARENT OF FATHER (State or country) 0 12 MAIDEN NAME OF MOTHER Instructions of MOTHER (State or country) See important. (Address 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

 S	t.;	W	ard)	a	

[It death occurred in hospital or institution.

NAME Cliver 1,5	Hell give its NAME lostead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended deceased from, [9], to
Still born 1 day, hrs. or min.?	and that death occurred on the date stated above, at
or rk	Sull born
Industry, shment in imployer)	(Duration) yrs mos ds.
John Payne	(Secondary) (Deration) yrs mes ds. (Signed) , 19144 (Address) Downstalle
PAME (1) 1 (1)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
CE Ressic H Hill CE ER Untry) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds.
arah Dall	Where was disease contracted, If not at place of death? Former or usual residence
Merentin 16 F, D'	19 HAGE OF BURIAL OR TOVAK DATE OF BURIAL 12. 11 1914
Defuly hotel REGISTRAR	Ex. Suman Redysalle
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," Never report



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PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND

Co	Washing to	CERTIFICATE OF DEATH
00		Registration Dist. No. 300
Vii	iage or City Sharfishing (No.	St; Ward) [If death occurred in a hospital or institution,
		give its NAME instead
	FULL NAME Man Jane	of street and number.]
	-FOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH DER 30. 1014
	Female White Widower, ORDIVORCE, Write the word)	(Month) (Day (Year)
=		17 I HEREBY CERTIFY, That I attended deceased from
e D	ATE OF BIRTH	For hung years, 191 to Dec. 27, 1914.
	J/10x. 20,1835	that I last saw h alive on Die 27 191 W
TA	(Month) (Day (Year)	that I last saw in
, A	GE If LESS than 1 day,hrs.	and that death occurred on the date atated above, at
	9 yrs 10 ds OR min.?	The CAUSE OF DEATH* was as follows:
8-0	CCUPATION	(D)
	Trade, profession, or Three kind of work	Cellon Juffereny
	rdicular kind of work	
bus	siness, or establishment in	(Duration) Funds mos ds.
-	ich employed (or employer)	
8 B	(State or country)	Secondary
	Mayland	(Duration) yrs, mos ds.
	10 NAME OF FATHER MI . I IMC Co.	(Signed) E. In Survett M. D.
10	- Vilenal IV Ory	7
Ę	11 BIRTHPLACE OF FATHER MA	191 (Address) Lungsthay, M.
PARENTS	(State or country) (May and	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
A	12 MAIDEN NAME OF MOTHER MALE	
11.	11 any from	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the
14		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Interment) Olla Huma	Former or usual residence
	I te and about Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address) A MASSIV MY VIII	
15	· /	20 UNDERTAKER ADDRESS.
Fi	led 1/2/ 191 5 Chas N. Hoffmaster	DOWN IN ANY STATE OF THE PARTY
	REGISTRAR	What Ila Williams INT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health . Association.]

"Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerstatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 prs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when heeded. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synourm is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs; meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ".Contributory." The contributory Always qualify all diseases resulting from Measles "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) (name origin; "Can-State cause for



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CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 4 If death occurred in St:....Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED, WIDOWED//arr (Month) (Write the word) HEREBY CERTIFY. That I attended deceased from (Month (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 3.05 a.m. t day,hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of works (b) General nature of industry, business, or establishment in which employed (or employer) Contributory / Miory (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF (Signed) (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) State yrs, mos, yrs. mos. ds. Where was disease contracted. if not at place of death? usual residence 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement septichaemus," "Old Age," "Shock." "Traemla," "Weakness," genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Hashington (No. Mashington) 2 FULL NAME EMEST HOSPI	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH MOUL (Day (Year)	that I last saw him alive on Accomba & 1914
TAGE 46 yrs mos 3 ds OR min.?	and that death occurred on the date stated above, at 7 Pm m. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	accident - d'automobile
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory accident
10 NAME OF FATHER JOS. J. Hoffman	(Signed) Ras, Ro, Doyle M. D.
11 BIRTHPLACE OF FATHER (Swate or country) 12 Mainten NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
of Mother Mary M Cauley	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Magspowning	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OSE Hell Cembery 12/800, 191 1/2 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	Community Vous Myssofown My Para, 6 E. Franklin St., Balto., Requesting V. S.No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, ctc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," mere symptoms or terminal conditions, such as "Aseer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIOof



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Very 10 pinous OCCUPATION PHYSICIANS RECORD of statement PERMANENT Exact classified. pe 0 THIS properly NY supplied. pe UNFADING Hay certificat 50 WITH terms, pinou 60 ATH in plain instructions Information PL DEATH See 0 OF Item mportant. Every It 80 ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) I HERERY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 10,45 am. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Suicidal or Homicidal 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs, ____ mos. __ Where was disease contracted. If not at place of death?... Former or usual residence OF BURIAL REMOVAL 15

20 UNDERTAKER ADDRESS

fif death occurred in

a hospital or institution. give its NAME instead of street and number.]

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DATE OF BURIAL

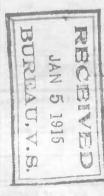
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skuil, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL poritonilis," etc. childbirth or mlsearriage as "Puerrepal seplichae ete., when a defiuite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease eausing death), 29 ds.; affection uced not be stated unless important. valvular heart disease; Chronic interstilial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head Always qualify aii diseases resulting from (Recommendations on statement of State eause for



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PHYSICIANS show RECORD statement PERMANENT EXACTLY. classified. 4 pinous -THIS properly AGE INK supplied. UNFADING that 800 WITH pinous PLAINLY, DEATH in plain See instructions WRITE jo OF Every Item CAUSE OF Important.

certificate.

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state Very

PLACE OF DEATH Village or City (No ... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day Year if LESS than 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country THE ABOVE IS 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Eld of	St.; War	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	MEDICAL CERTIFICATE	1
16 DATE OF D	EATH DOGE !	9 20 1914
	(Month) I HEREBY CERTIFY, The	(Day (Year)
	h flive on	, 191,
The GAUSE OF	occurred on the date state of DEATH* was as follows	
Contributor	(Duration)	yrsmosds.
(Signed) *State the CAUSES, state TAL, SULCIDAL	DISEASE CAUSING DEATH, e (1) MEANS OF INJURY;	or in deaths from Violent and (2) whether Acciden-
18 LENGTH OF OR RECENT F	RESIDENCE (FOR HOSPITA RESIDENTS) in the s ds. State contracted, leath?	LS. INSTITUTIONS, TRANSIENTS,
19 PLACE OF I	Lot Parent	DATE OF BURIAL DEC 1916 ADDRESS A. M. M. M. M.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question uess. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mme, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work, and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At. Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated uuder the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.

1 PLACE OF DEATH

13963

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word	16 DATE OF DEATH DEE 10 , 1914 (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day (Ye	14	
7 AGE II LESS 1 day,	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or	lustroion,	
particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)	(9uration) yrsmosds.	
State or country) Chaster town WNa	Gentributory Secondary (Quration) yrs mos ds	
11 BIRTHPLACE OF FATHER (State or country) 12 MANE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Defection by 1914 (Address) Gagasolum Med. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident	
MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) Va.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGS (Informant) ashing a war and a state of the st	If not at place of death?————————————————————————————————————	
M. ambistan St. Hugustown h	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Halfway bin & ball 1914	
Filed 12/11 ,191 4 Hoenry Davis	20 UNDERTAKER ADDRESS	
	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers statement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. Housewife, Housework, or At Home, and ehildren, not fication as Day taborer, Farm tuborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobite factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton milt; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL peritonitis," etc. State eause for ehildbirth or miscarriage as "Puerperal scottchaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvutar heart disease; Chronic interstitiat nephritis. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidentat drowning; Struck by raitway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Meastes "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; For Vio-



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Very SICIANS should OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY. classified. pinous properly NK supplied. pe may certificate. that 80 90 back terms, 6 plain Instructions Information 2 of Inford WRITE See Item OF Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la a hospital or Institution. give its NAME lostead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, // (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1842 (Month) (Day (Year) TAGE It LESS then and that death occurred on the date stated above, at t day, hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----State or country) Contributory Secondary 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEADY, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ _ mos. _ State . Where was disease contracted. MY KNOWLEDGE If not at place of deeth? Former or usual residence LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin st, Balto., Requesting V. S. No.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichactheuia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. natural neart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Uhronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopacumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WITH PLAINLY, WRITE CAUSE OF Important. S 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred in

FULL NAME Clarance & &	Anatan give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Color or RACE Single, MARRIED, Suigle Wisowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Dec Zy , 191 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw harm alive on Dec 1915
7 AGE if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Da, m. The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Deciral L. Galuston 11 BIRTHPLACE OF FATHER (State or country) 2 CONTROL OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TOWNS AN A THREWOOD L.	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At piece In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec. 25, 1914 Maldull REGISTRAR	Shanktown Cometay, Dec. 35, 1914 20 UNDERTAKER Frants Brooks Charles

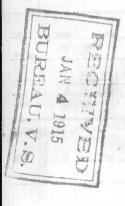
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

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thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for genltal," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



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pinous OCCUPATION PHYSICIANS RECORD PERMANENT classi D THIS properly AG supplied. pe O may = that 80 ŏ terms, pinous plain Instructions Information = DEATH ltem E o Every Item CAUSE OF Important. 1 PLACE OF DEATH

County Washington 13966



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 316

St:Ward)

Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. 3

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. . 4 COLOR OR RACE 3 SEX MARRIEO. WIDOWED, (Month) ORDIVERGED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or couotry ot death yrs. mos. ds. State yrs, mos. Where was disease contracted. tf not at place of death?..... Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADORESS

If more blacks are occeded, address State Registrar, 6 E. Fracklin St., Baito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpenal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallg Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred Id a hospital or institution, give its NAME instead of street and nomber.]

	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH /2 25 ,1914 (Month) (Day (Year)
DATE OF BI		17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h aliver and upon arrival , 191 4
7 AGE	7 O yrs 9 mos ds. OR min.?	
(a) Trade, profes particular kind o	ssion, or (mill actual	arterio selerorio
(b) General national business, or es which employed BIRTHPLAC (State or	stablishment in (or employer)	Contributory Rentz - Lude pest a conservation
O 11 BIRTH	ER Levis Lampkin	(Signed) / the Steele , M. D
(Stat	EN NAME Margaret bacques	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal, or Homicinal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
OF MC	OTHER e or country) E IS TRUE TO THE BEST OF MY KNOWLEDGE 74. & Paralle	At place of death yrs mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address	s)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 13/26, 1914
Filed 7	16-,1914 / Sury Warts) REGISTRAR	Wathers Munich Hag Md

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine; etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcausing death, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Satesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," ample: Mcastcs (disease causing death), 29 ds.; vatvutar heart diséase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichae eause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of etc. State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1915 BURRAU, V.S. UNFADING INK-THIS IS

stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very

properly classified.

ACE should

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate,

of information should be

CAUSE OF Important.

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RECORD

PERMANENT

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WRITE PLAINLY, WITH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Hazzestown (No. 227 D. Washing Tous: IF

a hospital or institution, give its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	Smale White (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED MANUEL		
6 D	ATE OF BIRTH Chsil 9, 1952 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from December 1914, to December 1914, that I last saw here alive on December 1914	
TA	GE It LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at	
(a	OCCUPATION) Trade, protession, or House Mife rticular kind of work	asthura	
bus	General nature of industry, siness, or establishment in ich employed (or employer)	(Ouration) 2/ yrs, mos ds.	
9 B	(State or country) Branklin les Ra.	Secondary (Duration) yrs mos ds.	
	10 NAME OF FATHER Hilliam Losary.	(Signed) Seet new fry N. D.	
ENTS	11 BIRTHPLACE OF FATHER (State or country) Isanhlin leave.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
PAR	of MOTHER Mary Bottler	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country) Asanklin by Pa	At place In the of death yrs mos ds. State yrs mos ds	
	(Informant) Mr. lasa. Louis	Where was disease contracted, If not at place of death?————————————————————————————————————	
20	27 (Miss) Wash St. Hagus low Med	Rosa Will Harristown Date of Burial Rosa Will Harristown Dec 10. 1914	
Fil	12/10 ,1914 Houry tours	20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Doe Kuch

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mitl; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the valvutar heart disease; Chronic interstiliat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-The contributory (secondary or intercurrent) totanus) may be stated under the head of (Recommendations on statement of For VIO-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

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1. B. I

1 PLACE OF DEATH

13969



STATE OF MARYLAND

County Washington	CERTIFICATE OF DEATH
	Registration Dist, No. 208
Village or City Beaver Greek (No. 1)	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
FULL NAME Samuel Li	nebanyto of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH NO.C., 26 ,1914 (Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw hun alive on une 29, 191 4
7 AGE 6 8 yrs 5 mos 20 ds. or min.?	and that death occurred on the dats stated above, at 3 30 Mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Retire of Formula (b) General nature of Industry,	Chemistic
business, or establishment in which employed (or employer)	(Duration) Yest mas ds.
9 BIRTHPLACE (State or country) mary Cana,	Gontributory Secondary
10 NAME OF Benjamin dimehang	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 Mainten NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE Mary Grossmall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Informant) Sery anni direburgh	Former or usual residence
16 Filed Dec 26, 18 Les, M. Storry J.P. REGISTRAR	Raver Coreck Camely DEC 29, 181.49 20 UNDERTAKER William & Bost Boomsbar Mu

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. As examples: cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Loeomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



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See instructions on back of

of information should be

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PHYSICIANS

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A PERMANENT e stated EXACTLY.

County Dashington 13970

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or	City Hags	stran	(No.)2)	M. Church	St.;Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

FULL NAME GIM 2 VINCO.	Tyme of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, wooden or with the word	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Storth) (Day (Year)	179 I HEREBY CERTIFY, That I attended decessed from 1914, to Die 1914, that I last saw here alive on Die 8th 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10.300 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Juston- Entwert + Cozema.
9 BIRTHPLACE (State or country) Hazyustown Ind	Contributory Secondary (Doration) yrs mos ds.
TATHER Combridge M. Gym. 11 BIRTHPLACE OF FATHER (State or country) S. Januar Ma. 12 Maiden NAME OF MOTHER	*State the Director Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Hagustonn had	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted.
(Informatifus Julia Livaire 727 (Johns Church ST Hagestown Med	If not at place of death? Former or usual residence
15 Filed 1/0, 1914 Henry Barro REGISTRAR	Ross Hill Hagustown Doc 10, 1914 20 UNDERTAKER ADDRESS ANDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestle service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be Indl-Women at home, who are cugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

des Mas low

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The uature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctunus) may be stated nuder the head of Always qualify all diseases resulting from (Recommendations on statement of For Vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

JAN 5 1915 BURHAU, V.S.

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Hashington Bald	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
FULL NAME Charolett	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funcile Mith Single, Milower, Willower, Willower, Willower, Wille the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Sept 19, 1842 (Month) (Day (Year)	april 1914, to Dec 29, 1914, that I last asw here allow on Dec 28, 1914
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	nfimly of age
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Chaustin Line rolumber
State or country) Fired Co	Secondary Chamber (Duration) yrs mos 10 ds.
FATHER JOHN Amsterd 11 BIRTHRIACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address) Hagus Lown mal	Former or usual residence
Filed 12/30- 1914 Herry Davis	20 UNDERJAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary froman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 00 10 mm

County Washington Village or City Hagginstown (Notash	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIEO, MOOWED, OR DIVORCES (Write the word) B DATE OF BIRTH WALLE WALLE SINGLE, MARRIEO, MARRIEO, OR DIVORCES (Write the word)	16 DATE OF DEATH DEC (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 25, 1914, to LOC (6, 1914.
TAGE (Month) (Day (Year) If LESS than 1 day,hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Kellishia Secondary Contributory (Duration) 7 yrs 7 mos 7 ds.
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed), M. D. S. S. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Salfs Staww MA 15 Filed 12-14 1914 Heliny Davis REGISTRAR If more blanks are needed, address State Hegi	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4

If death occurred is a hospital or Institution.

give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED, (Month) ORDIVDRCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1837 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH * was as follows: OR mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. If not at place of death? ... Former or usual residence. REMOVAL OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEFFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old 'Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.0

Ilt death occurred in a hospital or institution,

give its NAME instead of street and nomber.] unch mentier PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH , 1914, to DECN that I last saw ham alive on Deerv (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in __ (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State ____ yrs, __ Where was disease contracted. 14 THE ABOVE IS TRUE TO it not at place of death? usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR geratown If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illstatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occorred in (No St.:---Ward) a hospital or institution. give its NAME lostead ot street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) 7 AGE If LESS than and that death occurred on the date stated above, at t day hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATE, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS THE BEST OF KNOWLEDGE It not at place of death?. Former or usual residence.

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DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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		and give its NAME Instead
	FULL NAME MANY E. Mull	of street and number.]
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2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5	MARRIED,	10 DATE OF DEATH DEC , 5 1914
De	male White wide wind with the word	(Month) (Day (Year)
6 D	ATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	Jeht 18" ,854.	1917, to 2000 - 1919.
	(Month) (Day (Year)	that I last ssw here alive on DEC - 0 - 1914
TA	17 220 1121	and that death occurred on the date stated above, at 2/3570 m.
	60 yrs 2 mos /7 ds. 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	CCUPATION A	
	Trade, profession, or relicular kind of work	
(b)	General nature of industry,	######################################
wh	iness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
	RRTHPLACE (State or country)	Secondary Lobon Secunionian.
	(State of country)	
	10 NAME OF Said Said	(Boration) yrs mos. ds.
	David miles	(Signed) Deed new Kley, M. D.
ITS	11 BIRTHPLACE OF FATHER	78/14, 1914 (Address) Deefg wo low by
E	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PARENTS	12 MAIDEN NAME OF MOTHER MILE	
n.	allerine myrey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
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	Mas for Rogal	if not at piace of death?
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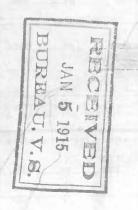
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V. S. No. 1.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or institution. give Its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? ... Former or usual residence.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speelstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. ness. If retired from business, that fact may be indlbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons Women at home, who are engaged lu the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "Asaffection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomenclawhich surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State eause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-Bronchopneumonia (seeondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Courulsions," "Debility" ("Cou-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ete.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



state

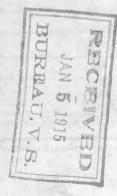
PLACE OF DEATH 12978	STATE OF MARYLAND
county // shington	CERTIFICATE OF DEATH
County Manual Land	Designation 2014 11 302
/ /-	Registration Dist, No.
Village or City Ally MOUNT (No Wash. L	8. Mard) [It death occurred in a hospital or institution,
74. 74.	give its NAME Instead
Most May Moran	of street and number.]
2FULL NAME/VV //WG /V // COV	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Recorder 8 1914
female White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	1914, to Wee 8, 1914.
(Month) (Day (Year)	that I last saw he alive on New 8 ,1914
⁷ AGE It LESS than	and that death occurred on the date stated above, at 3 6 m,
17 1 2/5 t day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds or min.?	Septienema
(a) Trade, profession, or	
particular kind of work.	***************************************
(b) General nature of Industry, business, or establishment in	(Duration) yrs nos 2 4s.
which employed (or employer)	0 0 -1 0
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF C	(Duration) yrs mos ds.
FATHER CALIFORNA MOSAMON.	(Signed) Service Worth Tr., N. O.
o 11 BIRTHPLACE	Nes & 1919 (Address) Hacerstown Ut.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	1 A
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH; or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER AND Neutter	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	or Recent Residents) At place
OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) GALV. NOESSULLY	Former or
22211/7	USUAL POSIGENCE.
(Address) Thursday Con	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16 12/11 11 House David	20 UNDERTAKER ADDRESS
Filed /12-, 1914 Tally Klobs	Lill to tolore the
REGISTRAR If more blanks are needed address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.
/ more bladas are needed, address State Regis	mai, o E. Frankhu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Satcsman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old 'Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



MARGIN RESERVED FOR BINDING

V. S. No. 1.

E.B.

PHYSICIANS should state Exact statement of OCCUPATION is very UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s WRITE important.

PLACE OF DEATH
County Washington

13979



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

Village or City Hagenstown (No. 43	Brug dway St. 4 Ward
FULL NAME Darch; anna	Munn

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIOOWEO, OROIVORGEO (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914, to 1915.
7 A C	(Month) (Day (Year)	and that death occurred on the date stated above, at 12 9 m. The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION Trade, protession, or clicular kind of work. General nature of Industry, iness, or establishment in ch employed (or employer)	Coul & Lust terms Stuff Born (Ouration) yrs mos ds.
9 RI	11 BIRTHPLACE OF FATHER OF SATHER (State or country) 12 MAIDEN NAME (State or country)	(Signed) (Buration) yrs mos ds. (Signed) (Signed) , M. B. *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Д 14 т	OF MOTHER Shares of Howsen 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
15 File	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 14 20 UNDERTAKER ADDRESS Walterin P Munisch Hagerstown trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Womcu at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croulp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonla," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or interenrrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



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WRITE

STATE OF MARYLAND PLACE OF DEATH 13980 DEATH Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, ondivorced (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at 7 AGE 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ------Contributory 9 BIRTHPLACE (State or country) (Secondary) (Deration) 10 NAME OF (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted. If not at place of death?-Former or usual residence

15

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

Co	1 PLACE OF DEATH 13981 V	CERTIFICATE OF DEATH
Vil	lage or City Hagustonn (No. 118,	Registration Dist. No. 202 St.; 3 Ward) ichols [If deeth occurre a hospital or institution give lits NAME Institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ATE OF BIRTH AT	16 DATE OF DEATH (Month) (Day (Yes) 17 I HEREBY CERTIFY, That I attended deceased 25 1914, to Acc 19 that I last saw her alive on 19
7 A		and that death occurred on the date stated above, at 3.05 / The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, profession, or ricular kind of work. Inchemployed (or employer) IRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF Hartin Glasa	(Signed) (Du)ation) yrs mos
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State, the DISEASE CAUSINO DEATH, of, in deaths from Vic
PARENTS	OFFATHER ()A/)	*State, the DISEASE CAUSINO DEATH, of, in deaths from Vio CAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Furmer or Planler, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (relired 6 yrs.) For persons If the occupation has Laborer-As examples: "Foreman,"

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Very should state of OCCUPATION IS PHYSICIANS RECORD Exact statement PERMANENT EXACTLY. stated properly classifled. 4 pe S pinode UNFADING INK-THIS AGE oarefully supplied. may be certificate. that It 80 0 PLAINLY, WITH pe See Instructions on back plain terms, pinous WRITE

3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work. (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

business, or establishment in

MARRIED, single

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If LES

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OR.....

REGISTE

If more blanks are needed, address State B

ORDIVORGED

13982

STATE OF MARYLAND CERTIFICATE OF DEATH

.Ward)

MEDICAL CERTIFICATE

Ilf death occurred in a hospital or institution, give its NAME lostead of street and pumber. 1

5 SINGLE,

PERSONAL AND STATISTICAL PARTICULARS

(Month.

4 COLOR OR RACE

which employed (or employer)

PLACE OF DEATH

16 DATE OF DEATH	12	/	, 191.
700000000000000000000000000000000000000	(Month)	(Day)	(Year)
	CERTIFY, That I		
11/20 , 191	4, to	11/30	191.5
that I last saw h come alive		11/30	
			, 191
and that death occurred on	the date stated	above, st	. 450
The CAUSE OF DEATH* W	as ss follows:		
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*State the DISEASE CAUS	ING DEATH, or. 1	n deaths from	VIOLANA
*State the DISEASE CAUSECAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIE	ING DEATH, or, I of INJURY; and	n desths from (2) whether	ACCIDEN
*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIT 18 LENGTH OF RESIDENCE	ING DEATH, or, I of INJURY; and	n desths from (2) whether	ACCIDEN
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*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIT 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS	of Injury; and of Inj	n desths from (2) whether	VIOLENT ACCIDEN
*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIT 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place of death	OF INJURY; and SAL. (FOR HOSPITALS.) in the ds. State	n desths from (2) whether NSTITUTIONS, 7	VIOLENT ACCIDENT
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Every Item of Information CAUSE OF DEATH In pial Important.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupaetc. Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PUEEPERAL scpttchaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chrowio cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Never report Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Washi Registration Dist. No If death occurred in Vittage or City Cont (No. -Ward) a hespital or institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1914 to \$ 20 that I last saw h Luce alive on 520 (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at / Co / m. t day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry. business, or establishment in (Duration) O yrs O mos / O ds which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death Slate yrs, Where was disease contracted. 14 THE BEST OF MY KNOWLEDGE it not at place of death?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Purpperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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particular kind of work.

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address).....

OF FATHER (State or country)

(b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

should PHYSICIANS EXACTLY. stated should AGE suppiled, carefully be should Information Every item CAUSE OF important.

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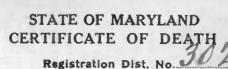
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(Write the word)

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4 COLOR OR RACE

(Month)



lit death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

(Year)

If LESS than

1 day, hrs.

16 DATE OF DEAT	H /2	_	5		1914
		(Month)	(Day		(ear)
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zata, serenaan, or	Trosticios	1. A.J.			
18 LENGTH OF RE	SIDENCE	FOR HOSPITA	LS, INSTITU	TIONS, TRAN	SIENTS
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of death yrs	mos			mos. ,	ds
Where was disease con	tracted.		,,,,,		1001cocc W1
If not at place of death					
Former or			40		
usual residence					**********
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OF MOTHER (State or country) THE ABOVE IS TRUE TO THE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public, Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, Is indefinite): Tubereuctsis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerreral septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion," For vio-



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

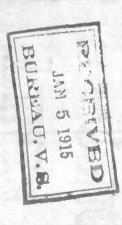
Village or City Hagerstown (No. 460,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30.2 Ph St.: 5 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 4 COLOR OR RAGE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OLC / 1914 (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from OLC 9 1914, to OLC / 1914
(Month) (Day (Year) 7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3, 30 km,
occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH'S Was as follows: Allew Sclerosis, (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF Mother Por Mother	(Signed) *State the DISEASE CAUSING BEATH, Of, in deaths from Violent CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of dealh
(Informant) Als. Mahel Servottes (Address) Lagerston Ald	Former or usual residence
Filed 12-17, 191 4 Clary Naves REGISTRAR If more blanks are needed, address State Regist	Patkins Minush Hag Md, rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 306 St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR O'R RACE MARRIEO. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) _____ which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER OF FATHER (State or country) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State _____ yrs. ____ mos. Where was disease contracted. It not at place of death? Former or usual residence 15 20 UNDERTA REGISTRAN

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a hospital or institution.

give its NAME instead of street and number. I

DATE OF BURIAL

ADDRESS/

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. ness of various pursuits can be known. tion is very important, so that the relative leaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUEEPEEAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29. ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Examples: cause for For VIO-



Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS A WRITE PLAINLY, WITH

1 PLACE OF DEATH 13987



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No. 203
Villa	FULL NAME and Man	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38E	Healt White the word)	16 DATE OF DEATH (Month) (Day (Year) 17 L HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day (Year)	that I last saw h & alive on 29 C 24, 191 4
7 AG	E / If LESS than 1 dayhrs.	and that death occurred on the date stated above, at // 45 m, The CAUSE OF DEATH* was at follows:
(a)1	CUPATION Trade, profession, or icular kind of work.	alcebutal Torsoning
(b) busin	General nature of industry, ess, or establishment in h employed (or employer)	(Duration) Y yrs X mos. / ds.
	State or country Raver Gern Ma	Secondary (Deration) Transport description
S	11 BIRTHPLACE	(Signya) M. Wagawan, M. D.
H N	OF FATHER (State or country) Mary Cana	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0.	13 BIRTHPLACE OF MOTHER (State or counters www. wills Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. 4s
	nformant Let Lend	Where was disease contracted, If not at place of death? Former or usual restuence
15 Filed	Oce 26, 1914 La. M. Stoosy J. G.	Decree Creek Cornetery DER 27 1914
	If more blanks are peoded address State Posice	William 7/3020 Boonstone Mice

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V. E. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the misease Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conihenia," "Anaemia" (merely symptomatic), "Atrophy," ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report Ex-



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ated EXACTLY. P	Exact atatement o	
AGE should be st	operly classified.	
refully supplied.	that It may be p	certificate.
nation should be c	In plain terms, so	actions on back of
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	SAUSE OF DEATH	important. See Instructions on back of certificate.

state

PLACE OF DEATH

13988

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Augerstown (No. South Carron avest Ward)

[if death occurred in a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day 7 AGE It LESS than and that death occurred on the date stated above, st. L.O. 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS of FATHER (State or country) , 191 . T. (Addresa) Hagers *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE A1 place (State or country) ____ yrs. ___ __ yrs, __ 14 THE ABOVE IS TRUE Where was disease contracted. If not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speeistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intereurrent) "Dropsy," "Exhaustion," Never report



MARGIN

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Yery ... pinous OCCUPATION PHYSICIANS RECORD ŏ statement PERMANENT EXACTLY. Exact stated classified. pe O shoul THIS properly INK supplied. pe UNFADING may certifica that 80 0 pe terms. should 00 plain instructions Information 5 of Inform DEATH WRITE See Every Item CAUSE OF Important. S

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. Ilt death occorred inWard) a hospital or Institution, give its NAME Instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from ., 191....., to that I last saw h...... alive on (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ____ mos. _ State Where was disease contracted. ST OF MY KNOWLEDGE It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURE 16 20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liuc is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Women at home, who are engaged in the As examples: "Foreman,"

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genital," cause of death approved by Committee on Nomenclature of the American Mcdical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptonis or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of Kpad-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," Recommendations on statement of For Vio-



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No.
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RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

county Washington (STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 012
Village or City Dagen lown (No COV. J. J. Seule NAME Leo. W. SE	Struck Columbo St.; 15 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, MATTLE, WIDOWED, WATTLE, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 / L I HEREBY CERTIFY, That I attended deceased from
TAGE JACK (Month) (Day (Year) TAGE	that I last saw h
3 4 yrs 10 mos 2 6 ds 1 day, hrs. OCCUPATION (a) Trade, profession, or particular kind of work particular kind of work	and that death occulied on the date stated spoke at
(b) General nature of industry, business, or establishment in which employed (or employer) PRINTHPLACE (State or country) (State or country)	Contributory Ay Dration yrs. mos. / ds. Secondary (Ouration) pyrs. mos. / ds.
OF FATHER Seibert 11 BIRTHPLACE OF FATHER (State or country) New Yar. 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	(Signed) , M. D. *State the Disease Causing Death, of the deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Arrest Ciliuer 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS,
(Informant) Cleveland Stiller (Address) Martinsburg, W. Var 15 Filed 1724, 1914 Heyry Davis	11-got at place of death? Former or usoal residence. 13 PLACE OF BURIAL OR REMOVAL 13 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regi	istrar, 6 E. Franklin St., Balto., Requesting V. S. 196. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD stated EXACTLY. properly classified. should be AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. -Every item of information CAUSE OF DEATH in plain Important. See instructions

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[if death occurred la a hospital or institution, give Its NAME Instead of street and number.]

	DEDCAMAL AND CTATICTICAL DADTICULADS	MEDICAL OFFICIAL OF A PRINCIPLE
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	male. Photo- Single. Whowen, or Divorged (Write the word)	16 DATE OF DEATH Dec. 3/- ,1914 (Month) (Day (Year)
8 D	ATE OF BIRTH Dic. 3/ , 19 14 (Month) (Day (Year)	that I last saw h tells on 1914.
7 A	It LESS than 1 day, hrs. yrs mos ds. OR min.?	and that death occurred on the date stated above, at 5,30 Pm, The CAUSE OF DEATH* was as follows:
(a pa (b)	OCCUPATION 1) Trade, profession, or articular kind of work	Stillstorm,
Wh	IRTHPLACE (State or country) Was him L	Contributory Secondary
10 NAME OF FATHER & Catt C. Shauk. 11 BIRTHPLACE OF FATHER (State or country) Md, 12 MAIDEN NAME OF MOTHER PLANE ROSEr.		(Signed) Just neix left M. B. 12 31 1914 (Address) Jargero farm mil.
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Mat. Penna.	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
	(Informant) Coth 6. Share	It not at place of death? Former or usual residence
16 FII	(Address) 223 - Summer St- Ody-	20 UNDERTAKER ADDRESS

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S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not puld Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indieausing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease eausers of cause of death—Name, first, the disease eausers of the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canwhich surgical operation was undertaken. For viomia," "PUERPERAL perilonitis," etc. State cause for childbirth or mlscarriage as eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PRECEIVED

JAN 5 1915

BURBAU, V.S.

UNFADING INK-THIS

WRITE PLAINLY, WITH

V. S. No. 1.

stated EXACTLY. PHYSICIANS should state 1. Exact statement of OCCUPATION is very properly classified. should be AGE N. B.—Every item of Information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

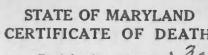
3

14

RECORD

PERMANENT

1 PLACE OF DEATH C V



Village or City Rooms (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE SAINGLE MANAMED, MANAMED (Month) (Day (Year) (Write the word) DATE OF BIRTH A GE A COLOR OR RACE SAINGLE (Write the word) PAGE It LESS than 1 day, hrs. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country)	County Washington 13992	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE SUNGLE. MILLIANS (Month) (Day (Year) 15 DATE OF DEATH TO 27 1914, to 22 1914 The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: SUNGLE AND		Registration Dist. No. 30 5
A COLOR OR RACE Saingle, Manhared, Woodsource Month (Day (Year) Month Month (Month Month	hour Design	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
TEMOLO WIDDWED WOOD WORD (Write the word) BATE OF BIRTH OMONTH) (Day (Year) (Month) (Day (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** DATE OF BIRTH (Month) (Day (Year) (Month) (Day (Year) TAGE If LESS than 1 day, hrs. or mos ds. or min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) BIRTHPLACE (State or country) **Grant 191 / 10	WIDDWED, LINGUAGE	(Month) (Day (Year)
If LESS than 1 day,hrs. OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) If LESS than 1 day,hrs. ORmin.? The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Contributory Secondary Contributory Secondary	Juck 25 ,1862	
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Contributory Secondary	7 AGE S yrs mos S ds or min ?	and that death occurred on the date stated above, at 2 . m. The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country) (State or country)	(a) Trade, profession, or Housewife	Hally X29 zueration of frant-
(State or country) Secondary	business, or establishment in	(Duration)
	9 BIRTHPLACE (State or country) Magy Canal	Secondary
Signed) Cu. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	of artes + 9 For	The state of the s
CAUSES, State (1) MEANS OF INJURY; and (2) whether Accid		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos.	13 BIRTHPLACE	of death yrs. mos. ds. State yrs, mos. ds.
(Informant) Canaring Toy (Informant) Where was disease contracted, if not at place of death?————————————————————————————————————	FOOTThere was For	If not at place of death?
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Filed Dec 20, 1914 Leas Marker Parker Address REGISTRAR MUCCULA FRANKER	Fliet Dec 30, 1914 Les M. Stoon of	Joonsbow Semeter DEC 20, 1914

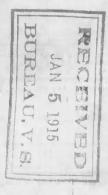
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or Cite Hayes four Treserves Ma	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 in a lospital or institution, give Ifs NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mar Photo Single, Marie Market Single, Marie Mindre Wilder (Write the word)	16 DATE OF DEATH (Mouth) / (Day (Year)
g DATE OF BIRTH WAV 22, 1914	17 I HEREBY CERTIFY, That I attended deceased from 22, 1914, to Dec. 17, 1914, that I last saw h Lucy alive on Dec. 191
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 Cm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	2-5 Basparation) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mich le Tud	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Buraflon) yrs mos ds. (Signed) , M. D. 191 (Address) / O N / O C C C C C C C C C C C C C C C C C C
13 BIRTHPLACE OF MOTHER (State or country) 14	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,
(Interment) The crick Phillicy 21 Marie are Best of My knowledge	If not at place of death? Former or usual residence.
16 Filed 12/18, 1914 Haury Daury REGISTRAR	Pose Hell Hazurina Date of Burial Pose Hell Hazurina Dec. 18, 1914 20 UNDERTAKER ADDRESS ANDRESS ANDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully caployed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary, to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tubereucks of tungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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W. B. No. 1.

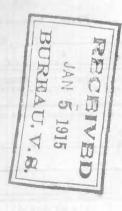
PLACE OF DEATH 12004	STATE OF MARYLAND
166. 1. 4.0004	CERTIFICATE OF DEATH
County Vashington	3/11/
	Registration Dist. No.
Village or City Hagerstown (No. 309,	/
1 0 4	give its MAME instead of street and number.]
FULL NAME Thary Smith	***************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH /2 /9 191 \$
MARRIED, Migle Widoward, Ordiverced (Write the word)	(Month) (Day) (Year)
	17 A HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	101 / to Dec / 9, 191 V
Nov- 1, 1896	that I isst saw her alive on the 16 191 X
(Month) (Day) (Year) AGE If LESS than	10
1 day,hrs.	and that death occurred on the date stated above, at
8 yrs. / mos. /8 ds. OR min.?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	
(a) Frade, profession, or particular kind of work fundamy Allel	
(b) General nature of Industry.	
business, or establishment in	(Duration) yys. mos. 4 ds.
which employed (or employer)	Contributor of Escere & feart
SEIRTHPLACE (State or country)	(Sycondary)
110 may 25	(Opration) yrs mos ds.
FATHER Wat A Smith	(Signed)
11 BIRTHPLACE OFFATHER (State or country)	27 7, 191 (Address) Color
(State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Carris Littor	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place
	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	Former or usual residence
309 8 Allery Sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) D. J. S. May belly Sh	With V I Charles I Charles & I
12/21 11. Kanna Hugan	20 UNDERTAKER ADDRESS
Filed 191 P REGISTRAR	ADDRESS 22 CHILL P. C.
	mais ard so Quash sh
II more manya are needed address prate Recontrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the diberable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... LENT DEATHS State MEANS OF INJURY and quality as Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS WITH item of information should be WRITE CAUSE OF Important. S

13995

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No. 32
Village or City		(If death occurred is a hospital or institution, give its NAME lostead of street and number.]
TOLL	The second secon	
PERSONAL	AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 C	OLOR OR RACE SINGLE, MARRIED, Rungle	16 DATE OF DEATH /Dec 10 the 1014
male e	alared WIDOWED, ORDIVORGED (Write the word)	(Month) (Day (Year)
	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 21, 1893	Thing of the college of
Bilaterapaga	(Mony) (Day (Year)	that I last saw all Comeon De 10, 1914 US
TAGE	If LESS than	and that death occurred on the date stated above, at alman,
21	yrs. 4 mas. 19 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION		Lousing in Gutrach with Electric
(a) Trade, profession, or	Laborer	win fin celler of house of this,
(b) General nature of Indo:		Hagrofton Maryland Caushing walant
business, or establishmen	t is	(Ouration) yrs mos us
which employed (or employ		Contributory
(State or country)	2/2 - + 121	Secondary
10 NAME OF	Hagerstown, Mid.	(Duration)mosds.
FATHER	elinin Sminks	(Signed) samuel WD mily IP.
M 11 BIRTHPLACE	die onicely	Celling Corner Auglersbrew Uld
OF FATHER (State or cou	ntry) Maryland	*State the DISEASE CAUSING DYATH, or, In deaths from VIOLENT
12 MAIDEN NAM	E	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER	Conna Hipking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE		OR RECENT RESIDENTS
OF MOTHER (State or cou	ntry) Mary Cand	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRU	JE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Mrs	a cuma smule	Former or usual residence. Har of ane.
(Address) D. V.	gerstorn, Mit	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	· nl ()	Hagerstown And Dec 12, 1914
Filed 17/12	1914 Holun Haves	20 UNDERTAKER ADDRESS
	REGISTRAR	A. Ceaffman Hageratown Md
	If more blanks are needed, address State Regis	strar, 6 E. Franklik St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of ago. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid diseasended," is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerferal septichactheula," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligeause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Fashing be Registration Dist. No.2 Ilt death occurred inWard) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at 3 a -m 1 day 6 hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 6 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 0 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death?... Former or usual residence. mportant. md. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. Exoma, Sarcoma, etc., of..... (uame origin; "Cancause of death approved by Committee on Nomenela. scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



Very CERTIFICATE OF DEATH 0 8 OCCUPATION Registration Dist. No. I'll death occurred in RECORD a hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. BINDING ORDIVORCES (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. t day,.....hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. UNFADING business, or establishment in may (Duration Manuars which employed (or employer) certificate. 9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER ō back PARENTS 11 BIRTHPLACE (Address): OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 6 12 MAIDEN NAME plain instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) <u>.</u> 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH of death _____ yrs. ____ mos. ___ State _____ yrs... _ ds. WRITE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. See If not at place of death? ō Former or PO item Every item CAUSE OF important. usual residence BURIAL OR BEMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS 00 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT AGE should be stated EXACTLY. UNFADING INK-THIS IS certificate. See instructions on back of PLAINLY, WITH of information should be CAUSE OF important. 8

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 1.

t;Ward)	[It death occurred in a hospital or institution
//	give its NAME Instea
/	at atreat and number I

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH	17 i HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, protession, or particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Washington Co Ma	(Secondary) (Buration) (Buration) (Buration)
OF FATHER Pay Stolleuger 11 BIRTHPLACE OFFATHER (State or country) Wolfsvillama 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Signed, 1914 (Address) Sandle Signed, M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Berses Joseph 13 BIRTHPLACE OF MOTHER (State or country) Muslamston & ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Roy Stattlemyer	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Lands Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Dec. 31, 1914 J. H. Fuguson REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1

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Statement of cause of death-Name, first, the disease causing death-Name, first, the disease causing disease. It is same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: Hor VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

Registration Dist. No

Village or City.	Haz	estour	(No. 133/1)	relow	as
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[If death occurred in a hospifal or institution, give Its NAME Instead

FULL NAME Mary M. C	Houffre of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Mute Single, Marrieo, Wiodow or Divorces (Write the word)	16 DATE OF DEATH ROLL 9, 191 H. (Month) (Day (Year)
Sept. 10 (Year)	that I last saw here alive on the 8 1914.
88 yrs 2 mos 29 ds. or min.?	and that death occurred on the date stated above, at 1.30 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	chrone tuphuly
(b) General nature of Indusfry, business, or establishmant in which employed (or employer)	(Duration) / yrs mos, ds.
9 BIRTHPLACE (State or country) Isrel les Med 10 NAME OF FATHER Struck Hill	Contributory Secondary Coscine Facley (Duration) (Signed) Contributory (Duration) (Duration) (Signed) (Signed) (No. 0.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease confracted,
(Informant) Aus anna Tillow	If not af place of death? Former or usual residence.
133 Milles lamas St Hages Nown Red	Pelinny rear hafterile Date of Burial
Filed 12/12, 1914 Molling haves,	20 UNDERTAKER ADDRESS But

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an eated thus: CAUSING DEATH, state ocenpation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner; (b) Cotton mitl; (a) Satesman, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be snffieleut, e. g., Farmer or Ptanter, For many oecniations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons If the ocenpation has "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—Name, first, the disease eausing death—Name, first, the disease eausing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehae mns," "Old Age," "Shock," "Uraemia," "Weakness," three of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. vatvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probabty suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) tctanus) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," may be stated under the head (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

4000 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 8

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAC	SE SINGLE, MARRIED, WIDOWED, ORDIVORCES (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	1 2,189	
7 AGE 48 yrs 6	(Year (Year)	than and that death occurred on the date stated above, at 7/5 0 m. hrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	stered l'avy Offic	er Municipal Manner
which employed (or employer) BIRTHPLACE (State or country)	nd	Contributory Cart Cafe Secondary Valluge (Dukation) yrs mos de
FATHER Samuel	ul Strite	(Signed) 977 Of acce on M. (96 15, 1914 (Address) 109 Gradown West *State the DISEASE CAISING DEATH OF the deaths for Many
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	tie Shank	*State the DISEASE CAUSINO DEATH OF, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BI (Informant)	EST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Nager	atoms My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed J 19t 4 1	REGISTRAN	Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Jaborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

34

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcasics "Senile," etc.), "Dropsy," (Recommendations on statement of (discase causing death), 29 ds.; etc. State cause for "Exhaustion,"



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County M.	ashington. ity Angerstown	8. Thor	STATE OF N CERTIFICATE Registration W. Belkel St.; Sw	OF DEATH 2
PERSO	ONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX James le B DATE OF BIRT	4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVERS (Write the Color of Write the Color	S 1858	16 DATE OF DEATH (Month 17 I HEREBY CERTIFY, Th 15 1914, to that I last saw herealive on	at I stiended deceased fi
OCCUPATION (a) Frade, protessio particular kind of v (b) General nature business, or estab which employed (or	vork free de la construcción de	wk	and that death occurred on the date sta The CAUSE OF DEATH* was as follows (Buration)	
	NAME TO THE BEST OF MY K	NOWLEDGE	(Signed) *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJUEX; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENCE) At place 10 the ot death yrs. mos. ds. State Where was disease contracted, 1t not at place of death?	t, in deaths from Violen and (2) whether Accidents. Institutions, Transients
(Informant) (Address).	Urs Comir Mus 148 W. Bethel	Sh	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

14001

ADDRESS

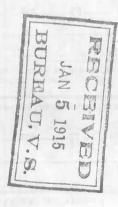
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," __ (name origin; "Can-Examples:



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SICIANS should RECORD PERMANENT classified proper ZZ pe UNFADING may certificate. carefully 80 Jo back ATH in plain instructions See Jo. 0 PO Important. Every It

14 THE ABOVE IS

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in Viilage or City. (No.....Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 1887 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at A.m. 20. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 19t (Address) Val PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN 13 BIRTHPLACE OF MOTHER (State or country)

OR RECENT RES	SIDENTS)					ñ
At place			In the			
of death yrs	mos	ds.	State	yrs,	mos.	d
Where was disease c						

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

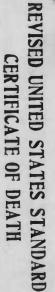
DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Patto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremau, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every persou, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (uvoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," affection need not be stated unless important. aant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canctc., when a defiuite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily The contributory "Old Age," "Shock," "Uraemia," "Weakness." Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



S. No. 1.

state of OCCUPATION IS very pinous PHYSICIANS RECORD Exact statement A PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS should AGE carefully supplied. may be DEATH in plain terms, so that it m See instructions on back of certificate, WRITE PLAINLY, WITH N. B.-Every item of information should be CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

County Dashing In County Hazer low (No. Liste Pull Name Earler Mills	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 & State OF MARYLAND (It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That attended deceased from
Wath (North)	that I last saw hourslive on Die 20 1914
(Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which empleyed (or employer) 9 BIRTHPLACE (State or country) (State or country) 10 NAME OF FATHER (Industry) (State or country) 11 BIRTHPLACE OF FATHER (State of Country) 12 Kate or Country) 13 Kate of Country) 14 Kate of Country) 15 Kate of Country) 16 Kate of Country) 17 Kate of Country) 18 Kate of Country) 19 Kate of Country) 10 NAME OF FATHER (State of Country) 11 BIRTHPLACE OF FATHER (State of Country) 12 Maiden NAME OF MOTHER OF MOTHER	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or country) Hanisbury Va 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Ladrus Milloch R. 7 Holess Hanisbury Inc. 16	*State the DISEASE CAUSING DEATH of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
Filed OE C D5 1914 A. Wishard REGISTRAR	LK - Lowman Harriston Pres

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[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningilis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.; 4 Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

2FULL NAME George Fredericks Wanters of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED, ORDIVORCEO MIGHT	16 DATE OF DEATH See 30 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH TLL 2, 185-0 (Month) (Day (Year)	that I last saw harm alive on Dee 2 4 1914
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6,30, pm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work Organ Alabu	Cleute Gullegestion
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory Oficaries Controverseles
(State or country)	Secondary
on 11 BIRTHPLACE MALE OF FATHER JOSEPH Winters	(Signed) (Dartion) yrs mos ds. (Signed) (D. J.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER A A A A A A A A A A A A A A A A A A A	*State the DISEASE CAUSING DEATH, OF J. deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; av. (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Hun Hary C. Winter	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Lageralonn Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 1915
Filed 791, 1914 CLINY SHOTO REGISTRAN	Matherst Minich Hag Md.
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. (a) Spinner; (b) Cotlon mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Caroin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of For VIO-



CSICIANS should OCCUPATION IS PHYSICIANS statement ERMANENT classified. properly supplied. pe may certificate. carefully that 80 50 WITH back terms, should E0 plain instructions Information EATH In WRITE See PE CAUSE OF CAUSE

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state Very

PLACE OF DEATH 14(1)5 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 308 St :----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWEO, (Month) OR OIVORCEO Write the word) 1 HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH If LESS than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment to (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. ____ mos. ds. Where was disease contracted, If oot at place of death? Former or usuai residence.

[It death occurred to

a hospital or institution. give its NAME lostead of street and number.]

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

RECISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (d)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of llishould be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mail: oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE

Village or Gity Washington (No. 2) 2FULL NAME STELLE US OF	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: 32 Ward) [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw have alive on Dec. 12, 1914 and that death occurred on the date stated above, at Q, m,
SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contr
10 NAME OF FATHER DATE STATE OF FATHER STATE OF FATHER (State or country). May and the state of country). The state of country of the state of country of the state of country of the state of country.	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lot the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or
(Address) Jages Afron XX 16 Flied 12-12, 1914 Henry Ravis,	USUAL TESISENCE 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin ft., Balto., Requesting V. S. No. 1

yes

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton milt; (a) Satcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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Jevama Remore manning to not blood - but acops the Fastur of Rec Child JAN 5 1915 BUREAU, V. B.